Review of Community/Program Responses to Elder Abuse in Ontario

Ministry of Citizenship

Office for Senior Citizens' Affairs

A REVIEW OF COMMUNITY/PROGRAM RESPONSES TO ELDER ABUSE IN ONTARIO

Ministry of Citizenship
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EXECUTIVE SUMMARY

In recent years the problem of elder abuse has begun to emerge as a social policy issue. The public is slowly becoming aware that some seniors live in abusive situations in which they may be financially exploited, physically and psychologically intimidated or neglected. A national study by Podnieks et al (1990) has shown that about 40 persons per 1000 elderly population, living in the community experience some form of abuse in Canada.

In 1989 the Government of Ontario undertook a study to better understand how communities in Ontario respond to the issue of elder abuse. This report summarizes the findings of that study.

The objectives of the study were to identify:

- current provincial ministry roles and responsibilities regarding elder abuse;
- professional and consumer attitudes and perspectives on elder abuse;
- programs and projects directed toward elder abuse in Ontario; and,
- innovative programs and projects directed toward elder abuse in other jurisdictions.

A variety of methodologies were used to collect relevant information including focus groups, key informant interviews, a provincial survey of organizations likely to identify and respond to cases of elder abuse, site visits to five communities in Ontario, and a review of approaches implemented in other jurisdictions.

FINDINGS

Government Policies and Initiatives in Ontario

The review identified several direct initiatives undertaken by the Ontario Government including policy studies for the Ministry of Community and Social Services and the Office for Senior Citizens' Affairs; the development of investigation and training manuals for the Solicitor General; the publication of promotional materials supported by the Office for Senior Citizens' Affairs and the Solicitor General; and, the inclusion of elder abuse as a specific area for public health education in the Health Protection and Promotion Act (1989). However, no lead Ministry is responsible for addressing the issue of elder abuse in Ontario.

The Government of Ontario also funds a number of community programs which can be used to support victims of elder abuse. These include programs to support the frail elderly living at home, domestic violence programs and victim-witness assistance services. While these programs can be helpful they are not specifically designed to address elder abuse.

Professional and Consumer Attitudes

The review found that professionals and consumers who participated in the study held similar attitudes and perceptions about elder abuse. Both professionals and consumers recognized that there are different types of abuse and indicated that elder abuse is a hidden problem. The reluctance to discuss the problem was seen as a major obstacle to providing assistance to victims of abuse. There is a tendency for victims to deny the abuse. Seniors associate shame with admitting that they have been abused, and their shame is accentuated when the abuser is a family member. They also fear being alone and they fear losing the supports often provided by the abuser. Professionals felt strongly that mandatory reporting was not a viable solution to deal with denial. The strengthening of services and consumer education were seen as more effective options.

Professionals and seniors were also concerned about a lack of services and the lack of clear access points for victims to obtain assistance.

Community Responses to Elder Abuse in Ontario

One of the most important findings of this study is that despite the lack of designated resources communities in Ontario are finding ways to respond to elder abuse. The responses are occurring through elder abuse committees and through existing organizations.

The study found 20 communities in Ontario with active elder abuse committees. These committees consist of various combinations of professionals and consumers. They are involved in the development of identification, assessment and response protocols as well as community education. In some cases the committees are attempting to coordinate community responses to abuse. A lack of staff resources appears to restrict the scope of many elder abuse committee activities.

Some existing services and organizations that respond to elder abuse include Public Health, Home Care, Home Support, hospitals, physicians, police, legal aid, Crown Attorneys and psychogeriatric clinics. Most do not have specific elder abuse programs but employ their usual services and resources to provide responses.

A survey of 678 organizations in Ontario found that:

- 61 percent were aware of known or suspected cases of elder abuse in the six month period prior to the survey;
- health and social services were more likely to encounter elder abuse than law enforcement or legal services;
- most organizations had no formal protocol to address elder abuse;
- referral patterns reflected the need for a multidisciplinary response to abuse; and,

- most organizations reported that staff do not receive training in the area of elder abuse.

Communities identified service gaps in the availability of emergency shelter, comprehensive assessment, 24 hour response capability and case management. Other concerns included: a lack of protocols outlining appropriate responses; insufficient documentation on suspected cases; lack of specific mandates and resources; and, inadequate community awareness as well as misperceptions among service providers regarding rules of confidentiality. The need for more coordination between the health, social service and law enforcement sectors was frequently stated. Legal experts cited the need to educate professionals and consumers on the use of existing legislation in cases of elder abuse.

Community Responses Outside Ontario

There is wide variation in the approaches to elder abuse across jurisdictions. In Canada elder abuse has only recently emerged as a policy issue. Most Canadian jurisdictions have begun developing public education materials and some have produced policy research reports outlining possible intervention strategies. The four maritime provinces have adult protection legislation that can also be used to address elder abuse.

In the United States elder abuse has been on the policy agenda since at least 1975. Most American jurisdictions have developed legislative and service responses to abuse. Three intervention models have been developed; Adult Protective Services, Multidisciplinary Teams, and Family Systems Approach.

In general, there are three approaches to using the legal system to address elder abuse. The first is to use existing laws to control and punish abusers; the second is to create special laws that specifically address elder abuse; and the third is to develop guardianship legislation. To provide legal interventions beyond common and criminal laws, most jurisdictions in the United States and four in Canada have developed protective services legislation that

provides a wide range of investigative and intervention powers, and may or may not include mandatory reporting.

The report identifies a number of specific examples of both legislative and social service response models which have been developed.

1.0 INTRODUCTION

1.1 Purpose

The purpose of this report was to document current responses to elder abuse in Ontario. The approaches of the provincial government as well as community organizations and agencies dealing with elder abuse are reviewed, as well as professional and consumer attitudes toward elder abuse and approaches used in jurisdictions outside Ontario.

1.2 Background

The population of Ontario is rapidly growing older. Over the next few decades senior citizens will come to represent a significant percentage of the province's total population. An aging population is expected to present numerous social policy challenges. Generally most seniors lead full healthy lives for most of their older years. However there is a growing awareness of the need for social policy and programs that address the needs of seniors who experience health and social problems as they age.

In recent years the problem of elder abuse has begun to emerge as a social policy issue. The public is slowly becoming aware that some seniors live in violent situations, are financially exploited, psychologically intimidated and neglected. Social policy research on elder abuse in Canada, to date, has primarily focused on documenting the nature and magnitude of the problem. There has been a perceived need to undertake research on the prevalence of elder abuse in order to document that a significant problem does exist. Early studies (Bélanger, 1981; Shell, 1982; Stevenson, 1985; Standing Committee on Social Development, 1985) relied on surveys of service providers to estimate the prevalence of abuse. A recent national study conducted by Podnieks et al.(1990) used a random telephone survey of seniors in Canada to estimate the prevalence of elder abuse, among seniors living in the community. The study found that about 40 persons per 1000 elderly population had experienced some form of abuse.

There is still a need to understand how communities can effectively respond to the needs of elder abuse victims. In 1988, the Ministry of Community and Social Services in Ontario (MCSS) released the report *A Review of the Legal and Social Issues Concerning Elder Abuse* which was prepared by the Canadian Research Institute for Law and the Family. The report provides an excellent review of formal Canadian and American legal and social responses to elder abuse.

In 1989 the Office for Senior Citizens' Affairs identified a need to better understand how communities in Ontario were currently responding to seniors living in the community who were abused. Building on the work done for MCSS, a study was conducted of community responses throughout the province. The current report reflects the findings of that study.

1.3 Objectives

This study on community responses to elder abuse was commissioned by the Office for Senior Citizens' Affairs in order to assist the government in documenting:

- current provincial ministry roles and responsibilities regarding elder abuse;
- programs and projects directed toward elder abuse in Ontario;
- innovative programs and projects directed toward elder abuse in other jurisdictions; and
- professional and consumer attitudes and perspectives on elder abuse.

The focus of the study was on responses to elder abuse occurring in community settings. It was generally beyond the scope of the study to specifically address abuse in institutional settings. It was also beyond the scope of the study to examine responses to abuse in specific

ethno-cultural communities. Both of these areas require further study to broaden our understanding of responses to elder abuse.

1.4 Methodology

The methodology used in this study was selected to provide a comprehensive review of the approaches used in Ontario to respond to elder abuse. The five methodologies used in the study were:

- **focus groups with provincial associations representing service provider agencies and consumer groups.** These focus groups helped to highlight some of the main issues regarding elder abuse, to critique the draft of the survey questionnaire and to identify the main agencies/ organizations to be targeted for the survey;

- **interviews with representatives from a range of Ontario Government ministries** to collect information on current elder abuse initiatives. Appendix A lists the ministries contacted;

- **provincial survey of agencies/organizations that are likely to encounter elder abuse cases.** The purpose of the survey was to determine the current methods used to deal with elder abuse cases. Questionnaires were distributed to 871 organizations throughout Ontario. A high degree of interest in the issue was apparent through the 78% (678) response rate.

- **a review of other jurisdictions** to research innovative methods of handling elder abuse cases. Other Canadian provinces were contacted, as were many areas in the United States. Appendix B lists key informants in other jurisdictions;

- **Five Ontario communities** were visited to research local methods of dealing with elder abuse cases. The communities were: Sudbury, Sarnia, Cornwall, Toronto and Owen Sound. In each case, researchers met with an

elder abuse committee, other appropriate service providers and a group of seniors.

1.5 Definitions of Elder Abuse

The study of elder abuse has been hampered by a lack of clear definitions. Some of the definitions of abuse in the research literature have been extremely broad, encompassing a wide range of problems including a lack of comprehensive health and social services for seniors. Studies of abuse have defined between three (Finkelhor and Pillemer, 1988) and ten (Phillips, 1983) dimensions of abuse. The lack of agreement in the literature made it difficult to simply pick standard definitions for this study. Two approaches were used to develop operational definitions. First, the common elements that appeared in most definitions were identified. These included physical, psychological and financial abuse and neglect. These concepts were then presented to focus groups of consumers and professionals who helped to ensure that the definitions were consistent with those used in Ontario communities. The following operational definitions were agreed upon and used in this study:

- physical abuse - any form of physical violence;
- psychological abuse - any form of harassment or verbal aggression that demeans or intimidates;
- financial abuse - involving the improper use or theft of assets, including fraud; and
- neglect - the intentional failure to provide or the withholding of the necessities of life.

All of the above types of abuse, occurring in community settings, were considered in this study.

1.5.1 Risk Factors

The literature suggests that the characteristics of victims of abuse may differ depending on the type of abuse. Podnieks et al states:

> ***Risk factors differed significantly among victims of the four forms of abuse. Victims of material abuse and neglect tend to be similar in certain basic characteristics: both are more likely to be widowed and living alone, and report that they have no one to help them in the event of illness or disability. Victims of verbal aggression and physical violence, on the other hand, tended to be married to and living with their abuser. The findings also suggest that verbal abuse may be an indicator of additional, more serious forms of abuse.*** *(1990)*

In a review of the literature on risk factors Hornick et al (1988) found that the typical victim is likely to be a woman 75 years and older who is highly dependent on her caregiver. Demographic profiles, indicate that victims are similar to their same age peers who are not abuse victims.

The abusers are likely to be sons or daughters who are living with the victim because of financial or housing needs. Abusive caregivers often suffer from mental illness or alcoholism (Hornick et al, 1988). Physical abuse by a spouse may reflect a lifetime pattern.

There are many possible factors that lead to abuse. Common factors cited in the literature are:

- stress reactions to the responsibilities associated with caregiving and life crises;
- dysfunctional family systems;
- family patterns of violence;
- dependent relationships; and

- personality traits of the abuser.

As noted by Hornick et al, (1988) much of the ***"Theoretical work on elder abuse has been drawn primarily from the theories and propositions developed and applied to other forms of intrafamily violence, such as child abuse and spouse abuse."***

1.6 Response Frameworks

Society responds to elder abuse as both a social and a legal problem. The social approach focuses on the victim, providing various supports to assist them to resolve the abusive situation. The abuser may also be seen as needing assistance. The legal approach also assists and supports the victim and focuses on taking action against the abuser. In practice both approaches work together.

Social and legal approaches to elder abuse include three common elements:

- identification;
- investigation; and
- intervention.

These three elements form a framework for understanding various models of addressing abuse. The responding agency must first identify that a problem exists. This may be accomplished through reporting mechanisms, referrals, ongoing contact with clients or through the use of multidisciplinary screening protocols.

After a problem is identified it is necessary to investigate the situation to verify that an abusive situation actually exists and to determine the nature of the situation. The investigation may involve a social assessment conducted by a social worker or a criminal investigation by a police officer. Other disciplines may also be involved.

The final step is the formulation and delivery of an intervention. This may involve a combination of both social and legal solutions such as providing support services to the victim while removing the abuser from the household (section 3.3.3 describes various types of interventions).

At present Ontario has not developed special social services or laws that specifically address elder abuse. The identification, investigation and intervention process takes place within the context of existing health and social services and existing laws.

The health and social services used to address elder abuse are described in some detail in chapters 3 and 4 of this report. The legal framework which can be used to address elder abuse in Ontario is briefly described below. A discussion of adult protection legislation developed in other jurisdictions is included in chapter 5. For a more detailed discussion of the relative merits of various legal approaches the reader is referred to Hornick et al (1988).

The four types of elder abuse discussed in this report; physical, psychological, financial and neglect are all covered by existing federal and provincial laws. These laws include:

- The Criminal Code of Canada (1970);
- Ontario Family Law Act (1986);
- Ontario Powers of Attorney Act (1980);
- the Charter of Rights and Freedoms (1982).
- Common Law;
- Mental Incompetency Act; and,
- Mental Health Act.

These laws all provide for some protection for victims of the four types of abuse. Hornick et al (1988) provides a good summary of these protections and the limitations of these laws as applied to cases of elder abuse:

> *There are a number of provisions in the Criminal Code that could afford vulnerable adults some protection from physical and emotional abuse. For example, charges can be laid against perpetrators for physical assault and assault by means of threats. However, it is generally assumed that criminal law is ineffective in dealing with domestic abuse situations, including elder abuse. This assumption is based on the following circumstances: (1) victims of abuse are often unable or unwilling to complain to police; (2) many incidents are difficult to prove beyond a reasonable doubt; and (3) victims who make complaints may suffer retaliation.*
>
> *Both the Criminal Code and the provincial guardianship laws provide elderly persons with some protection from neglect by requiring those responsible to provide the necessities of life to elderly persons who cannot provide for themselves. This legislation, however, is not well suited to those situations of elder abuse that call for an emergency response.*
>
> *In summary, it is apparent that existing laws are of limited utility in responding to the problem of physical abuse and neglect of the elderly. Gordon et al. (1986) emphasize that these laws, though useful, are inadequate in protecting the elderly from neglect and abuse, because they fail to facilitate and support preventative and protective efforts.*
>
> *In addition to Criminal Code sanctions against theft and fraud, the common laws provide some protection to the elderly against duress and undue influence in financial decision making. However, these laws tend to be reactive and focus on punishment of the wrongdoer. Some of the potential problems may be avoided by the granting of a power of attorney in advance of the elderly person becoming vulnerable to such pressures. On the other hand, the enduring power of attorney may easily be abused and exploited. Many safeguards have been developed in different jurisdictions to prevent misuse. However, these safeguards often conflict with the basic concept of providing individuals with a*

simple method of managing their financial affairs after they become incapacitated.

Hornick (1988) concludes that despite some limitations, existing legislation is adequate to address elder abuse. There is a need to use existing legislation more effectively rather than developing new laws.

1.7 Organization of the Report

The chapters of this report reflect the various sources of data used in the study. Each chapter begins with a summary followed by a description of the methodology used to collect the data and a review of the findings.

Chapter 2 discusses the policies and programs of various government ministries as they relate to elder abuse. The chapter also presents findings on the attitudes of professionals and consumers toward abuse.

Chapter 3 reviews the current responses to abuse at the community level as reported in the site visits. The current roles of elder abuse committees and individual community organizations are discussed.

Chapter 4 presents the findings of the provincial survey. The aggregated results of the inventory are reviewed to provide an overview of responses to elder abuse across Ontario.

Chapter 5 reviews the responses of jurisdictions outside Ontario. Social and legal models are presented as examples of alternative response systems.

2.0 OVERVIEW OF PROVINCE-WIDE RESPONSES TO ELDER ABUSE

This Chapter of the report reviews the results of the key informant interviews with representatives of relevant Government of Ontario ministries, branches and offices, as well as the results of focus groups with professionals and consumers. These sessions were conducted early in the study process to provide a broad overview of the situation across the province in terms of current responses, initiatives and attitudes related to elder abuse as well as perceived barriers to the implementation of an effective response. Discussion of how services are actually provided on a local level can be found in Chapters 3 and 4.

2.1 Summary of Findings

The findings discussed in this Chapter include the following:

- **Ontario Government Ministries** have relatively few policies or programs that are designed to respond specifically to elder abuse;
- **professional associations** report that their members are currently responding to elder abuse despite significant obstacles, including: a lack of coordination between service providers; unclear mandates; a lack of protocols for dealing with cases; insufficient professional and community education; and insufficient service alternatives;
- **consumer associations** are aware of abuse cases but report that the ability to assist or intervene in cases is sometimes limited because: seniors often deny the existence of abuse; there is a lack of service alternatives; and a lack of clear access points;
- **professionals and consumers** perceive the optimal role of the provincial government as an enabler to facilitate community based responses to elder abuse.

2.2 Government Policies and Initiatives in Ontario

In order to explore the role of the Government of Ontario in responding to elder abuse interviews were conducted with representatives from the:

- Ministry of the Attorney General;
- Ministry of Housing;
- Ministry of Health;
- Ministry of the Solicitor General;
- Ministry of Citizenship;
- Ministry of Community and Social Services;
- Ministry of Consumer and Commercial Relations; and,
- Office for Senior Citizens' Affairs.

The purpose of these interviews was to identify current or planned initiatives and policies related to elder abuse. In fact, there were relatively few initiatives in any of the government departments.

Elder abuse is not a priority for any of these ministries. None have policies or programs addressing issues of elder abuse and only the Ministry of Community and Social Services. the Solicitor General and the Office for Senior Citizens' Affairs have undertaken any related initiatives:

- The Ministry of Community and Social Services funded the Canadian Research Institute for Law and the Family to prepare **"A Review of the Social and Legal Issues Concerning Elder Abuse"** (Hornick, 1988);

- Prevention of elder abuse through community education is a responsibility of Boards of Health, under the Ministry of Health;

- The Solicitor General is currently preparing an investigation manual for police forces dealing with elder abuse in long term care facilities. It also funded a training manual for police officers which was prepared by the Advocacy Centre for the Elderly and the Ontario Police College. The Solicitor General is also holding community forums on family violence, including elder abuse; and,

- The Office for Senior Citizens' Affairs contracted for this current report. It has also funded a pamphlet and a booklet on elder abuse.[1]

Respondents from most ministries, particularly those at senior management levels, indicate a general lack of awareness about elder abuse. Until recently (Podnieks, 1990) the lack of prevalence and incidence data made it difficult for policymakers to articulate the magnitude of the problem and determine appropriate roles for government. The concerns of service providers in the field have not found their way up to policymakers. A few champions of the elder abuse issue who are working in the ministries report frustration with their efforts to get the issue on the policy agenda. The lack of clear definitions, feedback from the field, and estimates of magnitude have made it difficult to draft provincial responses to elder abuse.

Another complicating factor is the need for a multidisciplinary response to elder abuse. At present none of the ministries has a clear mandate to respond to the overall problem. The lack of a lead Ministry has been perceived as an obstacle to policy development at senior levels of government.

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1 Pamphlet: Home is where the Hurt Is - Toronto Mayor's Committee on Aging
Booklet: In preparation - Advocacy Centre for the Elderly.

2.2.1 Services Provided Indirectly

This review has found little Ontario government activity directly related to the issue of elder abuse. While various ministries are sponsoring programs that indirectly address elder abuse, none of these programs has a specific mandate regarding elder abuse.

The Ministry of Health through its Community Mental Health Branch (CMHB) funds psychogeriatric assessment programs in many communities. The site visits discussed later in this report found that these programs often serve a coordination role for community responses to abuse. The CMHB also funds support programs for individuals with mental health problems residing in rest homes in the community. By introducing professionals into these settings these programs may reduce the incidence of elder abuse. The Ministry of Health also funds the Home Care Program which provides support services to frail elderly individuals who may be victims of elder abuse.

The Ministry of Community and Social Services (MCSS) funds a number of programs that may provide preventative support to families caring for the elderly. These include home support, respite, and support group programs for caregivers. MCSS also funds transition houses that provide shelter for women abused by their spouses. These transition houses occasionally provide shelter for older women who have suffered abuse. The next chapter, on the site visits, discusses the current limitations of transition houses as shelters for older women.

The Ministry of Consumer and Commercial Relations produces educational material to inform seniors about protecting themselves against fraud from strangers, for example, selling new roofs, siding and other schemes. (Abuse by strangers was not included in the scope of the current study).

The Ministries of the Attorney General and the Solicitor General both sponsor programs to aid victims of crime. The Ministry of the Attorney General operates a court-based Victim-Witness Services program which provides support to victim-witness coming before the court. The topic of elder abuse has been included in training provided for victim/witness coordinators. Funding through the Ontario Legal Aid Plan is also provided to the Advocacy Centre for the Elderly (ACE) in Toronto which provides legal services to seniors on a number of issues, including abuse.

The Ministry of the Solicitor General provides a Victim Crisis Assistance and Referral Program that utilizes volunteers to assist victims of crime immediately after an offence has been committed. These programs can accommodate older adults but do not focus on elder abuse alone.

The Ministry of Citizenship has programs on domestic violence that occurs among new immigrants to Canada. The Ministry of Housing funds services for domestic violence that occurs in buildings funded by the Ministry of Housing. These programs occasionally deal with older women who are victims of spouse abuse. The same protocols used for younger women are used with older victims.

There is an interministerial effort to consolidate guardianship legislation which will provide alternative ways to protect cognitively impaired older adults when they are in abusive situations. The province has commissioned initiatives to review:

- guardianship and substitute decision making (Fram, 1987);
- advocacy for vunerable adults (O'Sullivan, 1987);
- the psychiatric advocate program, (Manson, 1987); and,
- standard tests to determine mental incompetence (Weisstub, 1990).

These four initiatives have the potential to impact elder abuse by:

- clarifying the role of persons with a power of attorney;
- setting up safeguards for persons who become incompetent;
- setting up a guardianship scheme that:
    - includes pre-planning for a personal power of attorney;
    - prevents substitute decision-making before an individual becomes incompetent;
    - clarifies the role of the guardian; and,
    - creates an office of the public guardian and trustee;
- providing advocates to help individuals maximize their competencies; and,
- identifying common tools for determining competency.

The Ministry of Citizenship recently announced (Dec, 1990) that three new pieces of legislation will be introduced in Spring, 1991 to address these issues. They are:

- the Advocacy Act;
- the Substitute Decisions Act; and
- the Health Services Consent Act.

The next section of this chapter discusses the attitudes of professionals toward elder abuse as reported by representatives of professional associations and by direct service providers.

2.3 Professional Attitudes

The attitudes of service providers is an important factor in understanding responses to elder abuse in Ontario. To tap these attitudes focus groups were held with representatives of professional associations as well as with service providers in Sudbury, Toronto, Owen Sound, Cornwall and Sarnia. Participants in these groups included: nurses, physicians, social workers, lawyers, police officers, home support workers, occupational therapists and various

administrators. Common professional attitudes and perceptions about elder abuse included the following:

- there are different types of elder abuse;
- a multidisciplinary approach is required to respond effectively to elder abuse;
- elder abuse cases have come to the attention of all professionals serving the elderly; and
- professionals in Ontario are currently responding to cases of elder abuse despite numerous barriers.

Service providers express an attitude of frustration when discussing elder abuse. There are a number of barriers that prevent them from adequately responding to abuse. These barriers include:

- lack of coordination between health, social service and enforcement agencies;
- unclear mandates;
- need for common protocols;
- need for professional and community education; and
- lack of home based services and shelter alternatives.

Service providers believe that the removal of these barriers will enhance Ontario's response to abuse.

The majority of social, legal and law enforcement professionals feel that the focus on social service responses to elder abuse should continue. There is concern that protective service legislation is too intrusive and violates the individual's right to privacy. Professionals state

that any initiative to mandate elder abuse services should stop short of giving officials broad powers of intervention when the abused is mentally competent to make decisions.

The concern that professionals raise about privacy also extends to the issue of mandatory reporting. Professionals do not see the benefit of requiring reporting, especially if an adequate response system is not in place. Many U.S. jurisdictions that require mandatory reporting lack adequate services to respond to problems that are reported.

The attitudes of consumers (seniors and caregivers) are consistent with those of the service providers. Consumer attitudes are presented in the next section. Further discussion of how professionals currently respond to elder abuse can be found in chapter 3.

2.4 Consumer Attitudes

Focus groups were conducted with representatives of consumer associations as well as with seniors and caregivers in the five study communities. The group participants were active individuals who were involved in many community clubs and organizations. None of the participants were abuse victims.

Most of the consumers in the five study communities are aware of cases of abuse. They encounter cases during their volunteer work as well as through their participation in senior citizen clubs. They also have friends who have been victims of abuse. The representatives of consumer associations also acknowledge abuse as a problem. Several associations report that they receive letters from their membership asking for advice on how to deal with abusive situations.

Consumer definitions of elder abuse are generally consistent with the definitions cited by professionals and outlined in section 1.5. Their perceptions of abuse extend beyond family members and care providers to include salespeople and other individuals who might take

advantage of seniors financially or physically. Representatives of consumer groups also include the lack of funding for community services as a form of abuse. While neither of these forms of abuse fit within the definitions used in this report it is important to acknowledge the concerns of the seniors who participated in this study.

2.4.1 Perceived Barriers to Service

The three significant barriers that consumers suggest keep elder abuse victims from receiving help are:

- denial;
- lack of service alternatives; and
- lack of clear service access points.

The majority of seniors do not wish to talk about elder abuse. Representatives of clubs and associations report that only small numbers of seniors attend sessions they sponsor on abuse. The perception is that most seniors are not at risk and therefore prefer to avoid an unpleasant topic.

When seniors do experience abuse there is a **tendency to deny the abuse** and not seek help. Seniors associate shame with admitting that they have been abused, and their shame is accentuated when the abuser is a family member. Seniors also report that the fear of being alone can be far greater than the fear of abuse. Often the victim prefers to remain in the abusive situation rather than risk losing contact with a close family member. The dependency of the victim on the abuser also inhibits the victim from seeking help.

Another perceived barrier is the **lack of service alternatives** in communities. The perception of participants in all the focus groups is that most seniors are not aware of any alternative community services that could help them if they are being abused. The fear of a possible

intervention that would deprive them of their independence is feared more than the abuse. Seniors report that they would prefer to remain in some abusive situations rather than risk being institutionalized. They also express apprehension about involving the police or the courts because of a fear that the legal process would be too long and involved.

Victims who are unable to communicate in English or where service is not available in their mother tongue are prevented from accessing services. They may not even be aware that services exist.

The third barrier is the **lack of a clear access point.** This is related to the perception that there is a general lack of knowledge about available services. Consumers report that they do not know who to call if they are being abused. Since abuse is generally seen as a family issue most consumers would prefer not to involve the police. Police departments have not held themselves out as a viable response. Consumers would like to see one identified organization that they could turn to for assistance.

2.4.2 Care Providers

The care providers who participated in the focus groups were not identified as abusers. For the most part they were also seniors who were caring for a spouse or an elderly parent. The problems of denial, lack of alternative services and access points expressed by seniors are also true for care providers.

Care providers perceive elder abuse to be a problem. Their definitions of abuse are consistent with those outlined in section 1.5. Care providers are also concerned with the abuse that they receive from the individuals for whom they are providing care.

Care providers express a need for support to deal with the stress of caregiving. They refer to the frustration of living and caring for someone on a 24 hour basis with no relief. Most

of the care providers feel that the stress they experience affects the quality of the care they are able to provide. They perceive a need for additional respite services as well as support groups where they could voice their feelings and receive support and counselling. They also need assistance with accessing services in the community that could help them, such as homemaking. These supports may help to prevent abuse.

3.0 COMMUNITY SITE VISITS

This section presents the findings of the five site visits conducted with elder abuse committees, service providers and consumers in Sarnia, Sudbury, Cornwall, Toronto and Owen Sound. The sites were chosen to reflect a mix of rural and urban, industrial and non-industrial, northern and southern as well as large and small communities throughout Ontario. The purpose of the visits was to understand how some Ontario communities are responding to the problem of elder abuse. The individuals who participated in the focus groups and interviews were all concerned about the problem of elder abuse in their communities. Many of the service providers were members of a local elder abuse committee.

3.1 Summary of Findings From the Site Visits

The responses to elder abuse developed across the five communities are very similar in nature. Therefore information from the site visits will be reported collectively in this section except for instances where differences between sites exist. Specific examples from sites will also be used to illustrate key points. The major findings presented in this section are:

- elder abuse committees can serve as a mechanism for focusing community attention on elder abuse;
- elder abuse committees experience developmental stages;
- the committees appear to be most successful at developing protocols and educational materials;
- elder abuse committees provide a needed opportunity for a mix of service providers to come together to discuss the issue of and responses to elder abuse;
- a lack of staff resources hinders committee efforts to effectively coordinate responses;

- **community responses to abuse usually involve multiple providers;**
- **service gaps in emergency shelter, 24 hour response capability and case management are the most frequently mentioned problems; and**
- **improvements in social and health services are seen as a priority over any legislative initiatives.**

3.2 The Elder Abuse Committees

The following sections describe the development, management, activities and possible future roles of elder abuse committees.

3.2.1 The Development of Committees

Each of the five communities visited has developed a committee of service providers and in some cases consumers who are concerned about the issue of elder abuse. Service providers from different organizations found they were encountering similar cases of abuse. In all of the communities the committees were formed because of the effort of one or two people who acted as a catalyst. Most of the committees developed as a sub-committee of a larger family violence committee in their community. Others, like Toronto, emerged from a focus on the elderly. In Toronto the Mayor's Committee on Aging established a Crimes and Abuse sub-committee in 1984. Through community development activities this sub-committee acted as the catalyst for the formation of the Elder Abuse Action Committee of Metropolitan Toronto.

The elder abuse committees in all five communities have memberships that reflect the multidisciplinary nature of the issue. Service providers usually include nurses, social workers, physicians, lawyers, homemakers, police officers and occupational therapists. The providers often represent Home Care, Public Health, hospitals, legal aid clinics, local police

forces, the Ontario Provincial Police (OPP), home support agencies, family service agencies and psychogeriatric programs. Committees in Toronto include representatives of multicultural communities. In Toronto and Sudbury the committees also include consumers.

The composition of the committees contributes to coordination by bringing together professionals like police officers and home care nurses who do not usually come into contact with each other.

The committees share similar objectives. They are working toward:

- developing channels of communication between organizations;
- organizing educational forums and workshops for the community;
- developing common assessment and documentation protocols; and
- improving coordination of responses.

The objectives that they are currently addressing appear to be linked to the individual committee's stage of development. Committees seem to move through a number of developmental stages. At start-up the committees are most focused on defining their objectives and membership. The next stage involves activities to educate members of the committee. The most active stage for most committees involves the development of protocols and educational sessions for the community.

After the materials are developed the next stage involves implementation. At this point the progress of the committees appears to slow down. The presence or absence of paid staff appears to be an important factor in the further development of the committees' activities. Committees that move beyond this stage may begin to develop coordinating mechanisms for

responses to elder abuse. None of the committees studied had moved to a stage where formal coordination of responses was occurring on a regular basis.

3.2.2 Staffing of Committees

The members of all the committees are basically volunteers who work full-time as service providers. The tasks of the committee are carried out by these volunteers. In Toronto, where some paid staff time is available the volunteers are still responsible for significant activities. The reliance on volunteers has had a significant impact on the progress of many of the committees. In at least two of the smaller communities the committee was not able to move on to the implementation stage because volunteers were not able to devote sufficient time to activities. It appears that in many committees only a handful of members can actually take on significant responsibilities. Active members of the committees often described themselves as "burnt out".

3.2.3 Activities of Elder Abuse Committees

The activities of the committees, like their objectives, are similar across communities. All of the committees have been involved in the development of **intervention protocols**. These include assessment and documentation forms as well as guidelines for forming response teams. In Sarnia there is a protocol that directs service providers to contact a coordinator from the committee who in turn will call together appropriate members of the committee for a case conference. This mechanism has only been used a limited number of times. One problem is that many service providers in the community are not aware of the protocol.

There are two primary reasons for the limited use of the protocols developed by elder abuse committees. Protocols are not always distributed to all service providers who may come in contact with elder abuse cases. As well, providers who are not on the elder abuse

committee may not understand how or when to use the protocols because staff may not have received relevant training.

While committee members in the various communities become knowledgeable about the nature of and appropriate responses to elder abuse, other service providers may not be aware of the committees' activities.

Sufficient visibility is an important factor in the committee's ability to achieve a coordination function and have an impact on the community's response to elder abuse. Given the limited resources of committees it is often difficult for them to achieve a high level of visibility in the community. Communities in which high visibility has been attained (e.g. Toronto) frequently employ paid staff and are thus able to maintain a high level of activity over an extended period of time.

All of the committees have also been involved in various **educational efforts**. Owen Sound has used radio and television to broadcast public education messages. Sudbury has developed a pamphlet on elder abuse describing the nature of elder abuse, who is at risk, why it occurs, and where seniors can go to seek help. This pamphlet has been distributed throughout the community. Sarnia has held several community education sessions. Cornwall and Sudbury were planning educational sessions during the time of the site visits. Toronto has been the most active in its public education efforts. Several pamphlets, the film, "A House Divided", posters, bus shelter ads, a speakers bureau, and numerous workshops have been developed.

The development of protocols and educational materials and the provision of educational events have been the most successful ventures for the elder abuse committees. There appears however, to be a degree of duplication as committees individually develop their materials.

All of the committees are still struggling with the **challenge of coordination**. The committees have been successful at creating channels of communication between various organizations. This is largely achieved through the attendance of members at meetings. In Toronto, Owen Sound, Cornwall and Sarnia the committees have acted as the catalyst for case conferences. However, the committees have not yet established on-going coordination mechanisms that include all relevant service sectors. The committees are unlikely to have success with coordination unless additional resources are found.

3.2.4 Future Roles

The elder abuse committees have accomplished a significant amount given their limited resources. They appear to be a viable way of helping a community to begin addressing the issue of elder abuse. The committees have been particularly effective at public education and developing protocols. However a provincial mechanism to help committees share their materials could serve to reduce duplication.

The committees have been less successful at coordination. This appears to be partially related to limited staff resources and a lack of mandate. The committees may be able to further their coordination efforts if they received a formal mandate to facilitate responses in the community.

3.3 Community Responses to Abuse

The Elder Abuse Committee is only one mechanism that communities use to respond to elder abuse. Individual service providers have formulated their own responses to elder abuse beyond the activities of the committees. This section discusses how individual service organizations deal with elder abuse; how elder abuse is identified, the most common responses that service providers report in the study communities, and the limitations of current response mechanisms.

3.3.1 Who Responds

As stated earlier, the problem of elder abuse requires a multi-disciplinary response. The types of organizations and providers that are involved in the committees are also the same organizations and providers that are providing responses on an individual basis in the community. These include public health, home care, hospitals, physicians, police forces, legal aid, home support, transition houses, placement co-ordination organizations, mental health services, family service agencies and the Crown Attorney.

While all of these organizations report that they are involved in elder abuse cases, it is home care, public health, and home support agencies that appear to be the most frequently involved. This is consistent with the fact that these organizations are most directly involved with seniors.

3.3.2 Identification

New cases of abuse are often identified when health and social service providers are notified of suspicions of abuse by their own staff or by family members or neighbours. Law enforcement agencies in the five communities visited reported that they infrequently receive the first contact regarding an abuse case. Their referrals are more likely to come from a home care agency or public health department.

Service providers report that their discomfort with accusing an individual of abuse often makes them hesitate to intervene until they are absolutely certain that abuse is taking place. Often a homemaker will be the first service provider to encounter signs of abuse. This may be through stories told to them by the victim or it may be through their own observation of signs of neglect or physical abuse. Occasionally, a family member who does not live with the victim will visit and become suspicious and then approach either the health and social service agencies, or in some cases the police.

Financial abuse cases, where the abuser is not a family member, are often identified by family members. In the Cornwall area, a family member first became alerted to a fraud when their elderly mother kept wondering when the men would come to put on the new roof. A similar case in Owen Sound involved a large purchase of frozen meat which never appeared. The family member who is responsible for helping the individual with her finances was the first to become aware of the abuse. When family members are the abusers in financial cases, it is much more difficult to identify that fraud or exploitation has occurred. Service providers may be the first to become aware of the situation when the older client reports that they do not have sufficient funds to purchase the necessities of life. They may state that they need to save their money in order to give it to their son or daughter.

3.3.3 Responses to Abuse

When abuse is identified, the first agency to provide services is usually either home care or public health. When suspected cases of abuse are brought to their attention, they will often initiate an investigation which usually involves a nurse or social worker meeting with the client and assessing the situation. Whenever possible, agencies report they also try to meet with the suspected abuser. If the abuse involves an illegal act such as physical violence or fraud, the service organization often tries to convince the abused to discuss charges with the local police force. In most cases, the abused is not willing to involve the police in the case.

The client's denial that abuse has occurred is the most frequently encountered obstacle service providers encounter in elder abuse cases. As stated earlier, the denial stems from various sources including a fear of losing the care, support and company of the abuser, fear of retribution from the abuser, and a fear of the consequences of potential intervention. Service providers report that they try to address all of these fears but are most often unsuccessful. The most successful tactic that service providers report is the continued provision of services and the development of a trust relationship with the client. After a

period of time, the service provider may be able to use the trust relationship to help the client to deal with the abusive situation.

Basic Support Services. The specific responses of service providers to abuse cases are remarkably similar to their responses to the needs of the frail elderly. Service providers frequently will provide homemaking services, Meals on Wheels, nursing and therapeutic interventions, as well as case management services such as counselling, advocacy, assistance with alternative housing and ongoing assessment and monitoring of the client's situation. Service providers report that they do not tailor their responses for specific types of elder abuse. The approach used for cases of financial abuse is very similar to their responses to physical abuse. The latter, however, is usually reacted to with a stronger sense of urgency.

Most of the individual service organizations report that they do not have elder abuse protocols to help them differentiate specific responses to different types of abuse.

As stated earlier the majority of cases are first encountered by health and social service providers. These providers report that most of the cases are hampered by the denial of the client, or a lack of clear evidence that abuse is occurring. In these cases the service provider most often ensures that an array of home support services are available, and secondly continues to monitor the situation on an ongoing basis. These cases do not usually move beyond this stage unless the abuse escalates or the client decides that they have had enough. An ongoing level of support is provided, but a clear intervention to remove the individual from their home or to remove the abuser from the home or to involve legal authorities is not usually implemented. These cases do not usually provide a multidisciplinary response to the problem. An example of this type of case was reported during one site visit. An elderly couple living with an elderly sibling involved the husband and his sister physically and psychologically abusing the wife. After the husband's death of natural causes, the wife, in turn, began to abuse her sister-in-law, threatening her and actually attempting to push her down the stairs and cause her other forms of physical harm. Neither individual wished to

leave the family home, and both found the option of placement in a home for the aged less desirable than their current situation. Home Care provided an array of home support services, as well as an ongoing case manager, who continues to monitor the situation and acts as an intervenor for the two women. The long term goal is to convince these individuals of the need for alternative placement. The legal sector has not been involved in the case. Neither woman is cognitively impaired and the victim in this case is not prepared to lay charges.

Withdrawal of Support Services. In some cases, the Home Care Agency has determined that the provision of services and ongoing monitoring is actually sustaining the abuse as opposed to alleviating it. A strategy of removing all services has been used to demonstrate to the client and the family, the service agencies' conviction that the situation is untenable, and to push the situation to the point where further intervention may be possible. An example of neglect in Sarnia, involved a ninety year old American woman, who spent four to five months of the year in a cottage outside of Sarnia. She was dropped off at the beginning of the summer, by her son, who would then return at the end of the summer to bring her back to the United States. During her stay in Canada, Home Care would provide her with services, but after a number of incidents of wandering and potential fire hazards were discovered, attempts were made to reinvolve the son to provide additional help for the mother or to return her to the United States. The son denied that there was a problem and refused to intervene. At this point Home Care withdrew services, claiming that the woman's situation was unsafe. This finally precipitated the son's involvement in the return of the woman to the United States.

In another site Home Care withdrew services from a situation in which an elderly woman was being physically abused and neglected by her grandson. After unsuccessful attempts to support the situation with services and to intervene with the elderly woman and with the grandson, Home Care decided that the situation was unsafe and detrimental to the health of the client, and withdrew services. This situation was finally resolved after an out of town

relative came to visit, and subsequently laid charges against the grandson, who was then arrested and removed from the home by the Ontario Provincial Police. Home Care then resumed services to support the client.

In both of these cases Home Care's withdrawal of services acted as a catalyst for a change in the situation. Withdrawal was precipitated by the frustration of the organization in being unable to provide sufficient services in the case of neglect, or to overcome the denial of the client who was being physically abused and the organization's unwillingness to be further involved in an untenable situation. In both cases there were other options that were not explored. These include involving the police and choosing to remain involved in order to monitor the situation.

Formation of Multidisciplinary Teams. The involvement of multiple service providers often occurs when the perception of the client's situation suggests that the client requires more than simple home support services. The type of agency most often involved initially in a team approach is a psycho-geriatric assessment service. A psycho-geriatric assessment is often requested to ascertain the individual's cognitive ability to make decisions about his/her situation. In all the communities visited it appears that once the psycho-geriatric service is involved they often take the lead responsibility for coordinating a response. The involvement of other organizations depends on the nature of the problems. In many cases of abuse the abuser is an alcoholic. Agencies will often attempt to intervene with abusers and involve them in a substance abuse treatment program. If the abused victim requires alternative housing then the local placement coordination service or transition house will be consulted. The assessment of the family doctor is also sought. As the case becomes more clearly defined the service providers who are now involved will often seek advice from the local or provincial police department and occasionally the crown attorney. In most cases, the denial of the client or the lack of evidence inhibits legal action. Case conferences are occasionally used as a means to bring all service organizations together to brainstorm

approaches to the client's situation. This is seen by service providers as the best approach to developing and coordinating service responses to cases of elder abuse.

Service providers report that multidisciplinary team responses are most effective with cases of neglect and physical abuse. In an ideal case where the client acknowledges the abuse, the team can move in and provide support services, remove either the client or the abuser from the home setting, provide temporary shelter, and use the legal system to prosecute the abuser. Situations however are seldom ideal, especially in cases of financial abuse.

During the site visits, service providers expressed the most frustration with cases of financial abuse, perceiving these as the most difficult to address. When the financial abuse is eventually identified it is usually too late to recover any money that has been lost. The financial exploitation that occurs is often done using legal methods, so that the victim has no recourse after the fact. One example given by service providers involved an eighty-two year old blind male, who lived alone. After his wife's death, his son, daughter-in-law and three grandchildren moved into his house. Within a three month period ninety thousand dollars of his savings had been withdrawn from the bank, and his house had been sold by his son. Prior to these events, the son had involved a lawyer and obtained a power of attorney over his father's financial matters. The exploitation came to the attention of the local police through a report of a teller at the bank. Because the son had power of attorney no criminal charges were laid.

In a similar case in Cornwall, legal aid became involved before substantial funds had been misused and the power of attorney that had been given to the son was revoked. Other arrangements were then made to help the gentleman manage his financial affairs. Service providers report frustration in dealing with financial abuse cases because most of the organizations who are prepared to deal with elder abuse have little knowledge or ability to deal with the misuse of the power of attorney. Again, they also express frustration with the clients' denial that abuse has occurred, particularly when it involves family members.

This section has reviewed the major responses that organizations in the community have used to address the issue of elder abuse. These have included the provision of basic support services, such as those used by the frail elderly, the withdrawal of services, the formation of multidisciplinary teams, and in rare cases the use of law enforcement agencies and legal recourse. Service providers report that despite their best efforts they face serious limitations in the degree to which they can have an impact on cases of elder abuse. In the next section some of the major limitations facing service providers are reviewed.

3.3.4 Factors Limiting Responses to Elder Abuse

Service providers interviewed in the five communities that were visited report that there are a number of significant factors that limit their ability to respond to cases of elder abuse. These limitations are:

- a lack of emergency shelter and 24 hour response capability;
- a lack of clear protocols outlining definitions, assessment criteria and appropriate responses to abuse;
- insufficient documentation on suspected elder abuse cases;
- no specific mandates to deal with elder abuse;
- a lack of community awareness of elder abuse as an issue; and
- misperceptions regarding rules of confidentiality.

Service providers report that they often encounter cases where the abused individual's situation could be improved by providing **alternative housing**. There is a need for both short term emergency housing as well as long term alternatives. In the communities that were visited these alternatives did not exist.

Transition houses are occasionally used to shelter older women who are in abusive situations. Service providers and consumers report that this is an unsatisfactory arrangement because most transition houses have been developed to serve a much younger population. Often there are flights of stairs and obstacles in the house that are difficult for older individuals who are frail or disabled. One provider indicated that the atmosphere in these houses is not conducive to the needs of an older individual. Other short term alternatives that communities use include admitting an individual to the hospital or finding them a room in a hostel or rest home. Homes for the Aged and nursing home beds have also been used.

Service providers and consumers both stated that victims of elder abuse would often prefer to remain in the abusive situation rather than use the alternative shelter that is currently available. The worst fear of many older individuals is that they will enter a Home for the Aged or nursing home on a temporary basis and end up as a permanent resident.

The response of service providers to elder abuse is also limited by the lack of capacity to respond on a 24 hour basis. Seniors who are abused in the evenings and on weekends have no alternative other than to present themselves to hospital emergency departments or to contact the police. There are no social service agencies that they can get assistance from during off hours.

Service providers identified a **need for comprehensive protocols** outlining criteria to assess and identify various different types of elder abuse as well as appropriate responses. It was noted that although the elder abuse committees in all five communities had developed some protocols, they had not been adopted by all relevant agencies in the community. Service providers were unclear as to how to tailor responses for financial abuse differently than responses to physical or psychological abuse. Respondents stated that protocols should be used as guidelines for interventions, not rigid prescriptions.

A lack of sufficient documentation on elder abuse cases has hindered legal investigations. Police departments and crown attorneys report that most hospitals and other health and social service providers do not keep the type of documentation required to prosecute a case of elder abuse. Informants noted that the same organizations kept appropriate documentation for child abuse and spouse abuse. A case example from the Sarnia area illustrates this point. The case involved a 71 year old man married to a 39 year old woman who was abusing him both psychologically as well as physically. Each time he required hospitalization she would take him to a different hospital to lessen the chance that the abuse would be discovered. With the exception of one hospital in London, which has a protocol to deal with elder abuse, all of the other hospitals did not document the signs of abuse. In fact, one nurse was told by a doctor not to bother with the documentation that she had begun. An autopsy report was finally used to charge and convict the abuser after the death of the elderly man.

A lack of a clear mandate hampers the attempts of many community organizations to respond to elder abuse. Police departments noted that they receive special instructions and educational support in dealing with cases of spouse abuse, as well as directives instructing them to lay charges in cases of spouse abuse. They report that they have not received similar instructions regarding elder abuse. In one area a representative of the police department stated that many cases of elder abuse would be treated as a "family matter" that does not require a police response. In fact the police should not need a specific direction to take action. If the abuse is covered by the criminal code the police should be responding.

Health and social service agencies state that it is not clear which, if any, agencies in the community have the mandate to coordinate a response to elder abuse. The lack of a clear mandate across all organizations often means that staff do not receive training for dealing with elder abuse cases, there are no designated staff to respond to cases of abuse and treatment of elder abuse is not considered in the setting of agencies' priorities. Despite the lack of clear mandates most organizations do respond. The lack of clear mandates also

hampers coordination between health and social service agencies and law enforcement agencies. These sectors do not have frequent contact regarding assistance to the elderly and hence do not have a natural pattern of interaction to facilitate dealing with cases of elder abuse.

Health and social service providers also indicate that **confusion about the rules of confidentiality** has limited their effectiveness in specific elder abuse cases. In an example given earlier in this report a home care agency withdrew services from a situation where an elderly woman was being abused by her grandson. The services were withdrawn because the victim refused to take steps to improve her situation. She specifically asked her home care nurse not to intervene. When an out of town relative discovered the abusive situation, she contacted home care and made enquiries about their past involvement. The home care nurse did not feel that she could violate the confidentiality of the client and only suggested that the relative might be able to see her records if she had the police subpoena them. It is apparent from this example that professionals providing services for the elderly need clarification regarding the extent to which they are obligated to protect confidentiality, particularly when an individual is at risk and a crime is being committed.

The denial of elder abuse by victims creates the most frustration for service providers. They also state that the **lack of community awareness** and understanding of the issues related to elder abuse and how to identify elder abuse is a serious obstacle to an effective response mechanism. Individuals in all five communities recommended that more public education occur to make it more acceptable for seniors to seek assistance when they are being abused.

3.3.5 Legal Interventions

Legal responses to cases of elder abuse were reported infrequently during the site visits. The preference for a social rather than a legal approach to elder abuse is related to a number of factors. First, most providers perceive the problem of elder abuse as a family

issue requiring family services, rather than a legal intervention. In fact, health and social service providers who most frequently come in contact with elder abuse cases are not sufficiently knowledgeable about legal resources available for their abused clients. There is, therefore, limited use of the legal system.

Second, the frequent denial on the part of victims and the refusal to lay charges has made it difficult to use the legal system. There is also a reported fear among the elderly of having to go to court. This fear stems from a lack of familiarity with the system as well as a justified concern that court cases may be drawn out for an extended period of time.

The police are not laying charges in cases where the victim refuses to lay the charge. The police do lay charges in spouse abuse cases because of directives issued by the Solicitor General. This can take the onus off of the victim.

Health and social service providers also expressed reluctance to use the legal system because of their experiences with short, non-punitive sentences which have not provided any protection for the victims. Crown attorneys in all five communities reported that sentences were usually fairly light. However, no studies have been reported that document the true average sentence for elder abuse cases in Ontario. Statistics related to the age of victims are not kept in the court system in Ontario.

Crown attorneys in all communities stated that existing laws were sufficient to provide a legal response to elder abuse but expressed a need for more tools and information that would help them prosecute. In particular, they noted a need for support services related to dealing with elder abuse victims as witnesses, similar to those provided to spouse abuse victims.

4.0 INVENTORY OF COMMUNITY RESPONSES IN ONTARIO

This chapter of the report reviews the results of a survey conducted with community organizations across Ontario that are likely to encounter cases of elder abuse. The major findings of the survey include:

- 61 percent of respondents were aware of known or suspected cases of elder abuse;
- health and social service agencies were more likely to be involved in elder abuse cases than other organizations;
- more than 81 percent of agencies had no formal protocols to address elder abuse;
- organizations are providing services to victims of elder abuse;
- the services delivered to victims are similar to those provided to the frail elderly;
- referral patterns reflect the multidisciplinary response needed in elder abuse cases;
- 33 percent of agencies have been involved in public education;
- 73 percent of agencies do not provide staff training on elder abuse;
- agencies desire a more coordinated approach to elder abuse interventions in the province; and
- service providers from all sectors identify a need for more direction and support from the provincial government for community responses to elder abuse.

4.1 Purpose of the Inventory

The purpose of the survey was to document how communities throughout Ontario are handling cases of elder abuse. The intent was to determine the extent to which community organizations recognize elder abuse as a problem as well as to inventory the types of agencies that respond to elder abuse in Ontario, and how they respond.

4.2 Survey Approach

The survey questionnaire was structured to address the following research questions:

- what types of organizations encounter elder abuse;
- what types of protocols have been developed by organizations to structure their responses;
- what types of services are most commonly used in interventions;
- what are the referral patterns between organizations;
- what type of public education and prevention activities are organizations sponsoring;
- what type of staff training has occurred in organizations; and
- what types of service delivery barriers do organizations encounter?

A mail-out questionnaire was used to collect information on each of the research questions. The sampling procedures used in this survey were designed to target organizations that were likely to respond to elder abuse as well as to identify non-targeted agencies that dealt with

abuse. Focus groups with professional and consumer organizations suggested a number of organizations that were known to respond to elder abuse. These organizations are:

- public health units;
- hospitals;
- home care;
- home support;
- police;
- legal aid;
- family violence; and
- elder abuse committees.

A snowball technique was used to sample these organizations. A questionnaire was sent to these organizations throughout Ontario. In addition to the direct questions about their responses to elder abuse, respondents were asked to identify other organizations in their communities that also dealt with elder abuse. The latter were also sent a questionnaire. The snowball technique increases the likelihood that all organizations dealing with elder abuse in Ontario had an opportunity to respond to the survey.

The questionnaires were distributed to 871 organizations throughout the province. Of these, 678 were returned, resulting in a response rate of 78 percent. This is an extremely high response for a mail-out questionnaire. It is indicative of a high level of interest in the province in finding ways to respond to elder abuse.

The responses were reasonably distributed across the province. Exhibit I shows that 20 percent of the responses were from northern Ontario, 31 percent from the southwest, 22 percent from central Ontario and 27 percent from the southeast. Exhibit I also presents the

types of organizations represented in the survey. Where appropriate the analyses in this chapter present the results by types of organization.

The high response rate and the distribution of responses suggest that the results are reasonably representative of how organizations in Ontario are dealing with cases of elder abuse.

4.3 Organization of This Chapter

The remaining sections of this chapter will review the results of the responses to each of the research questions listed above.

4.4 Types of Organizations Encountering Elder Abuse

In the six month period preceding the survey 61 percent of respondents had staff who were aware of known or suspected cases of elder abuse (all types). Of the 61 percent who were aware of cases most (61 percent) had encountered between 1 and 3 cases, 23 percent had encountered between 4 and 7 cases and the remaining 16 percent had encountered more than 7 cases. Exhibit II shows that Home Care and Public Health are aware of the most cases of abuse. Overall health and social service agencies encounter more cases than legal aid or the police.

In addition to the overall number of cases encountered in the last six months, respondents were asked to rate how frequently specific types of elder abuse came to the attention of their organization. A three point scale including response categories of never, sometimes and frequently encountered was used to rate physical, psychological, financial abuse and neglect. Exhibit III shows few differences in the reported frequencies. All four types of abuse are "sometimes encountered" between 50 and 53 percent of the time. Financial abuse

was rated "frequently encountered" 10 percent of the time. Only 1 percent of respondents rated physical abuse as "frequently encountered".

There are a number of implications of these findings. First, the majority (61%) of organizations are aware of cases of elder abuse. The problem is encountered by organizations across Ontario. This helps to substantiate that elder abuse in the province is not a myth. The number of cases reported by organizations is relatively small but of significant magnitude to warrant a formal response. Respondents reported a total of 379 cases of elder abuse over a six month period.[2]

The findings also suggest that health and social service agencies are more likely than law enforcement agencies to identify cases of elder abuse. This is consistent with the information obtained in the site visits (see 3.3.2). The health and social services sector in a community is the access point for seniors who have been abused. These providers are more likely to be in a person's home.

Financial abuse was rated as "frequently encountered" more often than the other types of abuse. This suggests that it is important that the health and social services sector be coordinated with the legal sector to ensure a comprehensive response.

4.5 Protocols and Services

4.5.1 Protocols

Respondents were asked to indicate whether their organization had any formal protocols for dealing with elder abuse. More than 81 percent reported that they had no formal protocol

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[2] This number may include multiple reports of the same cases by respondents from the same community.

or procedures for responding to elder abuse (Exhibit IV). This should be contrasted to the fact that 61 percent of organizations were aware of cases of elder abuse.

The police (26%), Public Health (22%) and Home Care (21%) reported protocols more often than any other organization (Exhibit IV). These protocols most commonly included definitions of abuse, outlines of documentation requirements, lists of organizations to contact and in some cases formal procedures for case review. Some police departments interpreted their general protocols dealing with family violence as also covering elder abuse.

The paucity of protocols across so many organizations may indicate a lack of formal response mechanisms or may reflect that many organizations simply apply their existing service approaches to elder abuse. The site visits (see 3.3.4) suggested that the lack of protocols is a problem for service providers who have not been trained to respond to elder abuse. The lack of protocols also has important implications for coordination since many of the organizations required to deal with an abuse case do not frequently interact. Without formal protocols or procedures, interactions between agencies must be worked out on a case by case basis.

4.5.2 Services

The data on the types of services organizations use to respond to elder abuse is skewed by the fact that most of the agencies included in the survey provide health and social services. However, the site visits (3.3.1) and the survey (4.4) both indicate that the majority of elder abuse cases are handled by these types of agencies.

The services used by organizations to respond to elder abuse are consistent with their mandates and skills. Family service organizations are more likely to provide counselling while Public Health and Home Care are more likely to provide nursing interventions. Police are more often involved in crisis intervention and referrals to other organizations.

Exhibit V shows that counselling, advocacy, crisis intervention, nursing, referral and assessment are the six services most frequently used by responding agencies. There are parallels between the services used to serve the frail elderly and those used for elder abuse. This may be because agencies are trying to deal with elder abuse using the skills they know best or it may be because the needs of the abused and the frail are similar. The descriptions of victims of abuse reported in the site visits (3.3) and in the literature (Podnieks, 1990) suggest that many of the abused are frail and dependent. This supports the reasonableness of the current patterns of services and suggests that further development of elder abuse services can be achieved by building on the existing system.

Perhaps the most important finding reflected in the service data is that agencies in Ontario report that they are using a wide array of services to respond to elder abuse. Despite a lack of formal protocols or programs, communities are trying to address the problem.

4.6 Referral Patterns

The referral patterns reported by respondents reflect the multidisciplinary response required in cases of elder abuse. Exhibit VI shows that most organizations refer to an array of health, social service and law enforcement agencies. The percentages indicate the relative rank ordering of referrals. For example Public Health refers to physicians more often than to hospitals or municipal social services.

The referral patterns appear to be consistent with the normal relationships agencies have in communities. Police and family violence agencies are probably more likely to refer to hospitals because their contact with an elder abuse victim is usually in an emergency situation. Public Health or Home Care identify abuse in the home situation as part of an ongoing service relationship and have more time to involve physicians and other professionals. Hospitals receive emergency cases and then refer back to Home Care to manage the case in the community.

It is interesting that physicians are referred to by almost all respondents. The referral patterns suggest that physicians are involved in most cases of abuse. Discussions during the site visits suggests that the role of physicians is usually confined to providing medical care.

The police also receive referrals from most of the other community agencies. Again, this reflects the community's recognition that elder abuse requires a multidisciplinary approach. It also confirms the findings from the site visits that suggest that the police receive most of their referrals from other community agencies.

The data also suggests that Public Health and Home Care are the most likely points of entry into care. Both of these agencies receive the fewest referrals but indicate that they refer out to a wide array of other organizations. This finding was also supported in the site visits (3.3.2).

Exhibit VI underscores the need for coordination. The potential involvement of so many agencies in one case requires clear roles for all agencies and a mandate for one to provide the necessary case management functions. This is especially important given the involvement of multiple service sectors.

4.7 Public Education

One-third of the survey respondents indicated that their organization was involved in public education around the issue of elder abuse. These activities included workshops, public speaking, pamphlets, movies and television programs.

The organizations most frequently involved in public education activities are:

- Elder Abuse Committees
- Police

- Public Health
- Family Violence
- Home Care

The survey data confirms the findings of the site visits (3.2.3 & 3.3.4). Where they exist, elder abuse committees have taken leadership roles in providing public education. In other communities the organizations listed above have initiated public education efforts. However it remains that 66 percent of all responding organizations are not involved in public education. This should be considered in relation to the concern in the site visits (3.3.4) and the survey (4.9) that a lack of public awareness inhibits appropriate responses to elder abuse.

4.8 Staff Training

Local service providers are not usually trained to deal with elder abuse cases. The survey results indicate that 73 percent or 494 responding organizations report not having any staff training focused on elder abuse. The organizations that do provide training (27%) offer:

- seminars and films;
- elder abuse education incorporated into general professional training;
- gerontology in-services;
- literature reviews; and
- participation on local elder abuse committees.

Sixteen percent of respondents indicated that their organization participated in an elder abuse committee. The committees that were visited (3.2.3) confirmed this general lack of

staff training and also identified the lack of protocols and procedures (4.5.2) to give staff guidance in dealing with elder abuse cases.

Various professions (e.g. medical, social work and police) are beginning to address the issue of elder abuse in their core curriculum. The Ontario Police College uses a manual developed by the Advocacy Centre for the Elderly (ACE) in Toronto that outlines the various types of elder abuse and applicable legislation that can be used to lay a charge in such cases. In addition, the Ontario Association of Professional Social Workers is currently developing a manual for its members on elder abuse.

The site visits and the survey did not reveal any formal ongoing training on elder abuse for professionals already in the field.

4.9 Perceived Barriers Limiting Responses

Organizations that are attempting to provide services to elder abuse victims report that they face numerous barriers. Seventy-two percent of the survey respondents identified obstacles to effective service delivery. The major barriers cited were:

- lack of staff expertise to deal with abuse;
- mandates do not specifically include elder abuse;
- inadequate funding to provide services;
- lack of appropriate referral services; and
- lack of coordination.

These same themes have emerged during the site visits (3.0) and throughout the discussion of the survey results (4.4 - 4.8). Organizations see a need for a more focused approach to elder abuse in the province that would include staff training, clear mandates, additional

funding for basic services and designated responsibility for coordination. In addition, more than 60 percent of survey respondents expressed a need for improved public awareness because denial is seen as a major barrier.

The next chapter (5) reviews intervention models currently used in other jurisdictions in Canada and the United States.

EXHIBIT I
CHARACTERISTICS OF ORGANIZATIONS
RESPONDING TO SURVEY

A. Regional Distribution

North	20
Southwest	31
Central	22
Southeast	27
	100%

N = 678

B. **Responses by Type of Organization**	**Responses (%) Rate for Type of Organization**
Public health department	87.8
Hospital	67.1
Police	73.1
Legal aid	56.9
Home support	69.0
Home care	79.0
Family violence	54.2
Elder abuse	60.6
V.O.N./Placement Co-ordinator	45.2
Mental health & other health	51.1
Other	

N = 678

EXHIBIT II
ORGANIZATIONS REPORTING
ELDER ABUSE CASES

NATURE OF ORGANIZATION	NONE (%)	1-3 CASES (%)	4-7 CASES (%)	8 + CASES (%)
Home Care	22.7	25.0	31.8	20.5
Public Health	30.6	30.6	16.7	22.2
Elder abuse	40.0	35.0	15.0	10.0
Family Violence	39.7	37.9	19.0	3.4
Legal aid	48.5	30.3	12.1	9.1
Home Support	44.9	39.9	8.3	7.0
Hospitals	52.5	32.8	9.6	5.1
Police	55.3	21.1	15.8	7.9
N=678				

EXHIBIT III
PERCENTAGE OF REPORTED CASES BY TYPE OF ABUSE

Type of Elder Abuse	Never Encountered	Sometimes Encountered	Frequently Encountered	Not Stated
Physical	35	53	1	11
Psychological	29	52	6	13
Financial	25	53	10	12
Neglect	30	50	6	14
N=678				

EXHIBIT IV
ORGANIZATIONS WITH FORMAL RESPONSE TO ELDER ABUSE
(Protocol/Procedure) (%)

ORGANIZATION	YES	NO	NOT STATED
Police	26	71	3
Public Health	22	78	0
Home Care	21	79	0
Family Violence	16	84	0
Elder Abuse	15	75	10
Hospitals	14	83	3
Home Support	11	85	4
Legal aid	0	100	0
N=678			

EXHIBIT V
SERVICES USED BY AGENCIES TO DEAL WITH ELDER ABUSE (%)

Counselling is provided for cases of elder abuse in 43% of responding organizations
It is most frequently used in these types of organizations:

	%
Family Violence	79
Public Health	69
Home Care	66
Hospitals	45

Advocacy is provided for cases of elder abuse in 37% of responding organizations
It is most frequently used in these types of organizations:

	%
Public Health	75
Home Care	64
Family Violence	55
Elder Abuse	55

Crisis Intervention is provided for cases of elder abuse in 29% of responding organizations
It is most frequently used in these types of organizations:

	%
Family Violence	66
Police	53
Public Health	39

Medical/Nursing is provided for cases of elder abuse in 26% of responding organizations
It is most frequently used in these types of organizations:

Public Health	67
Home Care	59
Hospitals	51

Referral is provided for cases of elder abuse in 26% of responding organizations
It is most frequently used in these types of organizations:

	%
Public Health	89
Family Violence	71
Home Care	71
Police	58

Assessment is provided for cases of elder abuse in 25% of responding organizations
It is most frequently used in these types of organizations:

	%
Public Health	69
Home Care	50
Hospitals	32

Public Education is provided for cases of elder abuse in 16% of responding organizations
It is most frequently used in these types of organizations:

	%
Public Health	42
Family Violence	35

Legal Services are provided for cases of elder abuse in 11% of responding organizations
It is most frequently used in these types of organizations:

	%
Legal aid	73
Police	18

N = 678

Percentages are presented for individual response categories and should not be totalled.

EXHIBIT VI
REFERRAL PATTERNS IN CASES OF ELDER ABUSE (%)

Public Health most commonly refers cases to:	**%**
Physicians	77
Police	61
Home Care	56
Home Support	56
Hospitals	50
Municipal Social Services	50
Hospitals most commonly refer cases to:	
Home Care	44
Physicians	31
Police most commonly refer cases to:	
Hospitals	66
Municipal Social Services	53
Physicians	42
Legal aid/lawyer	37
Legal aid most commonly refer cases to:	
Police	39
Another lawyer/legal aid	39
Home Support most commonly refers cases to:	
Home Care	38
Physicians	25
Home Care most commonly refers cases to:	
Physicians	77
Hospitals	38
ther Home care	36
Police	36
Family Violence organizations most commonly refer to:	
Hospitals	57
Legal aid/lawyer	55
Police	52
Physicians	52
Municipal Social Services	48
Elder abuse organizations most commonly refer to:	
Legal aid/lawyer	50
Police	45
Physicians	45

N=678

Respondents checked off all appropriate referral sources - Percentages should not be totalled.

5.0 COMMUNITY RESPONSES OUTSIDE ONTARIO

This chapter reviews models for addressing elder abuse that are being used in other jurisdictions in Canada and the United States. The purpose of the review is to identify models that may or may not be options for Ontario. It is also to provide some context for comparing Ontario's current stage of policy development on elder abuse to other jurisdictions.

Initial contacts were identified through Canadian and American literature, interviews with each provincial government in Canada, and interviews with several national associations dealing with the elderly in Washington D.C. A snowball technique was used to find additional key informants. The document **A Comprehensive Analysis of State Policy and Practice Related to Elder Abuse** prepared by the American Public Welfare Association and the National Association of State Units on Aging (1986) was especially useful in understanding approaches to elder abuse used in the United States. Information on American approaches was also obtained during a site visit to San Francisco.

5.1 Summary of Findings

There is wide variation in the approaches to elder abuse across jurisdictions. In Canada elder abuse is just emerging as a policy issue. Most Canadian jurisdictions have only begun to develop public education materials. Some, including Alberta, Manitoba and Quebec, have produced policy research reports outlining possible intervention strategies. Only Nova Scotia, New Brunswick, PEI and Newfoundland have actually implemented provincial policies. The latter policies focus primarily on mental incompetency issues. Elder abuse is a secondary issue.

In the United States elder abuse has been a policy issue since at least 1975. Most American jurisdictions have developed legislative and service responses to abuse. Three intervention models have been developed in the United States:

- Adult Protective Services;
- Multidisciplinary Teams; and
- Family Systems Approach.

These models will be reviewed later in this chapter. Because of the vast differences in levels of experience between jurisdictions American examples are discussed in more depth in this chapter than Canadian ones.

The remainder of this chapter will be organized into three major sections:

- legislation and mandatory reporting;
- program and service models; and
- education and prevention strategies.

5.2 Legislation and Mandatory Reporting

There have been three approaches to using the legal system to address elder abuse. The first is to use existing laws to control and punish abusers. The second is to create special laws that specifically address elder abuse. A third approach is to use guardianship or mental incompetency legislation to address the elder abuse of persons who are not competent. Proponents of the first approach argue that existing laws are sufficient to deal with elder abuse. The types of abuse discussed in this report (physical, psychological, financial and neglect) are all covered in Canada by Federal and Provincial Laws:

- the Criminal Code of Canada;

- the Charter of Rights and Freedoms;
- Common Law;
- Mental Health Act; and
- Mental Incompetency Act.

Most provinces also have provincial family or guardianship laws that can be used to address elder abuse. The United States also has federal and state laws that perform similar functions.

The problems with using existing laws alone to address elder abuse are:

- criminal law can be ineffective in dealing with physical and psychological elder abuse because victims may be intimidated and/or not willing to lay charges;
- the criminal code does not deal adequately with neglect situations requiring an emergency response;
- the Criminal Code (1970) protects against theft and fraud but only does so in a reactive manner; and
- the power of attorney is easily exploited (Hornick et al., 1988).

To provide legal interventions beyond common and criminal laws most jurisdictions in the United States and four in Canada have developed protective services legislation that provides a wide range of investigative and intervention powers to local authorities. The acts may or may not include mandatory reporting to a designated authority.

Mandatory reporting is predicated upon a belief that many of the elderly who are abused will not seek assistance and those persons who are in positions to help them are not likely

to voluntarily report abuse because of their concern for the individual's right to privacy. Most mandatory reporting laws are based on child welfare models.

In Canada only Nova Scotia and Newfoundland require mandatory reporting of elder abuse. Their reporting requirements extend beyond professionals to include any person who has information about an adult who requires protection. A person with information is required to report it directly to a specified senior government official. The maximum penalty for failing to report is a fine of $1,000 and one year imprisonment in Nova Scotia and $200 and two months imprisonment in Newfoundland. Prince Edward Island has recently introduced voluntary reporting and has no penalties.

The majority of states in the U.S. have instituted mandatory reporting provisions in their adult protective legislation. In 1975, Title 20 of the Social Security Act, mandated and funded protection service programs for all adults 18 years and older. ***This adult protection approach is characterized by special powers of investigation and intervention, and mandatory reporting. The intervention strategies associated with these programs may include the power of removal, and compulsory custody and services*** (Hornick, et al :1988).

As a result of Title 20, individual states developed their own legislation; thus, there is variance in this legislation from state to state. Currently, forty-two states, plus the Virgin Islands and Guam, have mandatory reporting of elder abuse. Eight states have voluntary reporting. These are: New York, Pennsylvania, Wisconsin, North Dakota, Colorado, New Jersey and Illinois.

In general, mandatory reporting means that certain professionals dealing with the elderly, including police, mental health and health agencies, etc., are required to report abuse to the authorities (adult protective services). Some state laws include mandatory reporting for all citizens and not just professionals. Seventeen states do have provisions in the law which provide penalties for not reporting abuse. These penalties range from $25 to $1000 with a

maximum jail term of six months. However, these provisions have never been tested in court.

The requirements for reporting elder abuse in the U.S. are usually measured by reasonable and probable grounds for believing that an individual is the victim of abuse. The laws encourage individuals to report abuse by granting them immunity from civil and criminal liability in the event the allegation is unfounded. The person does not receive immunity if malicious intent can be proven.

The rush by U.S. jurisdictions to implement mandatory reporting requirements occurred without the benefit of any research on its effectiveness. Subsequent studies have begun to show that mandatory reporting may not be an effective means of dealing with elder abuse (Hornick et. al:1988). Studies have shown that the vast majority of reported cases of elder abuse are made on a voluntary basis by concerned citizens rather than by professionals required to report under the law (Katz, 1980). Other studies have found that most reported cases were already known to the system (Block and Sinnott, 1979).

Other criticisms of mandatory reporting focus on the intrusiveness of the laws and how they violate an individual's right to privacy. Based on child welfare legislation the laws ignore the fact that the abused elderly are adults and not children. These laws are fundamentally ageist in that they assume that older individuals cannot make their own decisions.

The intrusiveness of the laws are exacerbated if the protective services system cannot provide adequate support services. Unfortunately this is the case in many U.S. and Canadian jurisdictions.

These studies suggest that Ontario should not be too quick to adopt mandatory reporting legislation as the cure-all to the elder abuse problem. The legislation may, on the surface, give an appearance of addressing the issue in a concrete way. In reality, however, reports

do not increase and appropriate services are not necessarily put in place for elder abuse victims.

5.3 Program and Service Models

There are three basic models that have been used to address elder abuse in Canada and the United States. The first and most common approach has been the adult protective services established under adult protection legislation. This has been referred to briefly in section 5.1. The second model is called a multidisciplinary team approach. This involves the coordination of multiple health and social services for the abused person. This has also been called a case management and an advocacy approach. A third model is the family systems approach. It is distinguished from the multidisciplinary team approach by its focus on the entire family system rather than just the abused individual.

5.3.1 Adult Protection Services

Adult protection services have been designed to protect adults who are unable to protect themselves. Forty-three jurisdictions in the United States and four in Canada have implemented adult protection legislation. Most of these jurisdictions have established adult protection services to enforce and carry out the legislation.

5.3.1.1 Canadian Models

In Canada the four jurisdictions which have implemented adult protection legislation are Nova Scotia, New Brunswick, Newfoundland and Prince Edward Island. With the exception of Prince Edward Island, all of the Maritime provinces also provide adult protective services to enforce the Acts. The legislation in these jurisdictions is based on a child welfare model. Section 2 of the Nova Scotia legislation conveys the intent of the Acts:

> ***The purpose of this Act is to provide a means whereby adults who lack the ability to care and fend adequately for themselves can be protected from abuse and neglect by providing them with access to services which will enhance their ability to care and fend for themselves or which will protect them from abuse or neglect.***

Newfoundland was the first province to institute adult protection legislation in 1973, followed by New Brunswick in 1980, Nova Scotia in 1985 and Prince Edward Island in 1988. The Acts in all four provinces provide similar broad powers of investigation and intervention. Adults are defined as any individual 16 years or older. Using Nova Scotia as an example, the Minister can order an individual to be examined by a physician or accept services that they may not want. The powers also allow the Minister to remove the individual to a "safe place" such as an institution. The court can order the removal of any person who is a danger to the protected adult and who is currently residing with them.

The protective services programs in all of these jurisdictions provide staff to coordinate investigations, interventions and the provision of support services. There have been no published studies on the effectiveness of these models.

In Ontario, if a person is a danger to himself and shows an inability to care for himself, an intervention can be made under the Mental Act.

5.3.1.2 U.S. Adult Protection Models

Many states have established their own adult protection service programs modelled after child welfare legislation. Typically, these programs relied upon social services delivered by public or private agencies contracted with the Title 20 funds. The nature and organization of protective services may therefore vary considerably among jurisdictions, depending on the

legislation mandating the programs, as well as the existing local service resources that are available to provide a response.

The adult protection legislation provides the same sweeping powers as the Canadian models. In general, adult protection service programs involve a number of service providers who must cooperate in dealing with elder abuse cases. An adult protection service worker coordinates the service provider agencies involved in a case.

In the following section, the Tallahasee, Florida Protective Services System will be described as an example of an American adult protection service program. This program is similar to other APS systems except for the central registry with local computer access for local investigators. The majority of other jurisdictions do not have a system for central registry that is as advanced technologically as the system in Florida.

The Tallahasee, Florida Protective Services System. In Florida the Adult Protective Services Act, chapter 415, s 101-113 mandates a program to provide for the detection and correction of abuse, neglect and exploitation of persons over 18 through mandatory reporting. The system is state administered by the Department of Health and Rehabilitation Services with local staff in each district.

There is a state-wide tracking system for abuse with a central registry of all victims located in Tallahasee. Reports are made through local hot line numbers which are automatically connected to the central registry in Tallahasee.

The central registry immediately calls the local APS worker in the area of the report. The local worker then has immediate access to all of the report information as well as any previous history on the case by accessing their own computer terminal. Most other APS systems with a central registry do not have local computer access to information, but must wait for several days to receive information from a central data centre.

The role of the local APS worker is to investigate reports of elder and disabled abuse and to provide or arrange services to ensure the safety and well-being of the victim.

This system consists of three main components:

- **the on-site investigation** of all reports of alleged abuse, neglect, or exploitation;
- **the determination of immediate risk** to the aged person or disabled adult and provision of necessary emergency services;
- **the evaluation of the need for and provisions of ongoing protective supervision.**

Investigation. This phase consists of the Adult Protective Worker collecting pertinent information for building a case. The information includes:

- verifying that the person is an aged person or disabled adult as defined in the statute;
- collecting necessary data on the alleged victim such as age, sex, race, family composition, others in the household, persons providing care for the elderly person; and
- determining if there is an indication that any aged or disabled person is being abused, neglected, or exploited.

Workers have 30 days to complete their investigation of a report.

Determination of Immediate Risk. A risk assessment instrument is completed on the alleged victim within five days of the receipt of the initial report and at any time the situation of the victim changes. This assessment evaluates specific factors such as the client's age, physical and mental health, functional abilities, living conditions and numerous other variables.

Early intervention can be provided prior to the closure of the investigation if the worker has determined that the abuse has occurred and immediate services are needed to:

- protect the victim; and
- the aged person consents to the receipt of services or the court orders the services under the emergency provision in the statute.

Early service intervention may include community and in-home services; adult protective supervision; and other aging and adult program services (e.g. supportive and placement services).

Evaluation of the Need for and Provisions of Ongoing Protective Supervision. The Florida system defines protective supervision as "the frequent and regular contact with an aged person or disabled adult who has been the subject of a confirmed or indicated abuse to prevent the further occurrence of abuse." The specific services which may be provided under protective supervision are the same as those available under other Adult and Aging Services such as: case management, counselling, transportation, escort, consumer education and protection, obtaining financial benefits, arranging for in-home-care or out-of-home placement, securing medical and legal services, etc.

5.3.1.3 Evaluation of Adult Protection Services

This system of dealing with elder abuse cases has received a great deal of criticism. Some of the dissatisfaction with the adult protection service system is due to the following factors:

- the system has been modelled after the child protection system and therefore does not respect the senior citizen's rights to independence;
- the questionable usefulness of the mandatory reporting legislation on which the system is based; and

- lack of protocols and services in some jurisdictions.

A system for seniors that is modelled after the protectionist child welfare legislation inevitably treats abused seniors in a similar manner as abused children (i.e., seniors rights are not respected). Mandatory reporting legislation typically states that the rights of the individual are to be safeguarded. This principle, however, conflicts with the intervention responsibility placed upon professionals to report cases and to enforce elder abuse services. For example, if a senior decides that the present abusive situation is preferable to the alternative that is offered (e.g. long-term care placement), that wish may not be respected. The abuse may be reported and treated according to procedure, disregarding the senior's wishes.

As discussed previously, studies have suggested that mandatory reporting legislation may not be an effective method of dealing with the elder abuse issue.

In addition, the Adult Protection Services System does not always function well because in some areas there are not sufficient service resources to provide an adequate response to identified cases of abuse. In addition, some areas have found that, *"given the vagueness of the legislation and the lack of protocols in some jurisdictions, adult protection workers are in a quandary in terms of deciding what constitutes abuse."* (Hornick et. al: 1988). Without adequate services in place to support victims of elder abuse, the Adult Protection Services System cannot effectively respond to cases of elder abuse.

5.3.2 Multidisciplinary Teams

Multidisciplinary teams, similar to adult protection service programs, bring together a range of professionals and other persons who come in contact with elder abuse cases and who must cooperate in order to deal effectively with elder abuse cases.

The multidisciplinary approach differs from adult protection services in that the teams do not have the powers to investigate and intervene that are provided by adult protection legislation. The approach relies on a combination of case management and support services coordinated with advocacy efforts.

There are few operating examples of these models in Canada and the United States. In Ontario, the Advocacy Centre for the Elderly is a variation of this model. The Centre provides legal advice and representation to victims of elder abuse using the existing laws of the province. The Centre works cooperatively with health and social services to ensure that its clients needs are met. The Centre is described more fully in the appendix of this report. The elder abuse committees described in chapter 3 of this report are evolving examples of the multidisciplinary approach.

In Winnipeg, Manitoba the Aging Opportunity Centre is starting a seniors' resource centre: a three year pilot project that will attempt to coordinate the various services now available for seniors and apply them to cases of elder abuse. The project is also intended to determine where the gaps are in the service delivery system.

There are few American models of the multidisciplinary team approach. The San Francisco Consortium for Elder Abuse Prevention has developed model programs which are recognized throughout the U.S.

This team includes members which were viewed as essential to comprehensive case resolution, including a lawyer, a geriatric nurse, a police sergeant, a case manager, a mental health specialist and representatives from the Department of Public Health's Geriatric Information and Referral Program and the Department of Social Service's Adult Protection Unit.

The coordination of services between agencies is accomplished through the program's consultation and case review program. The goal of the consultation service is to enable service providers throughout the community, regardless of their training or job setting, to handle cases which they identify. By contacting the coordinating agency for consultation, any service provider has available to him/her the resources of the entire service network. The program coordinator may suggest options for handling a particular situation or direct the service provider to another consortium member agency for specialized consultation.

Cases which are appropriate for collaborative assessment are reviewed by the team. Cases are presented by the program coordinator or by the service provider who is serving the client. In both situations, the team develops a treatment plan and the coordinator provides follow-up to ensure that the case has been resolved and reports back to the team.

In addition to developing comprehensive treatment plans for individual victims of abuse, the consultation and case review services are effective in examining the whole senior service network, identifying system breakdowns, and service gaps. Identified problems can then be addressed through coordination and advocacy efforts.

The consortium developed a number of initiatives in dealing with cases of elder abuse. These include:

- an emergency assessment service; and
- a 24-hour telephone line for handling abuse calls.

These services were developed due to a scarcity of existing community resources to serve victims of elder abuse.

5.3.3 Family Systems Approach

The family systems approach differs in its response to situations of elder abuse because of its focus on the state of the whole family. Family systems theory is in its early stages of development in its application to elder abuse. This approach is more commonly used in children's services.

This approach has not been fully implemented in many centres. In Calgary, Alberta the Kerby Centre provides a combination of the multidisciplinary team and the family systems approach housed in a multi-service seniors' centre. The centre provides a full range of social, recreation and education activities for seniors. It employs three and one-half social workers who provide counselling, some of which deals with situations of elder abuse. The social workers view cases of elder abuse in a family systems approach, treating the problem as part of a continuum of family violence issues. They believe that efforts to address elder abuse should consider the entire family as elder abuse may be one symptom of a dysfunctional family unit. Their goal is to provide alternatives to victims of abuse and assist them to make appropriate changes.

In 1986, the Centre began tracking problems of family violence and found, in their first year, that one third of new intakes (59/178) had situations of family violence.

The Kerby Centre believes that their approach is effective because of its anonymity. Seniors can go to the centre for social activities and talk to a social worker about abuse without being stigmatized for seeking counselling specifically for elder abuse.

There are few U.S. examples of the family systems approach. The model developed by the department for Social Services, Family Services Training and Program Development Branch in Frankfort, Kentucky is still in its developmental stages.

Kentucky Family Systems Approach. In this approach, the delivery of social services are focused on families rather than individuals. Services are used to strengthen and maintain families and prevent family dissolution and out-of-home placement. *"The resources of the Department are focused on assisting families in regaining or maintaining family autonomy while at the same time assuring protection of individuals."* (Kentucky Department of Social Services: 1989)

The family systems approach **is still in its development stage**. The Adult Protective Services in Kentucky currently deals with elder abuse cases, but there is a desire to integrate family based services into the APS approach.

The model would allow the APS worker to work with all members of the elderly person's family to remedy a situation of abuse. It is a system that concentrates energies of the strengths of the parties involved in a case. The worker would identify the strengths (competency) of the victim, the abuser and other members of the family and develop a treatment/service plan to take these competencies and expand on them.

As well, this model would see the worker spend time counselling the abuser in an attempt to get that person to recognize their abusive actions to ensure the abuse does not continue.

This approach is not currently in operation primarily because of a lack of staff resources. Staff do not have the time to do the adequate casework that would be required to work with all family members. As well, staff do not have the necessary time needed to counsel perpetrators. A great deal of APS worker's time is consumed in investigating reported cases.

5.4 Education and Prevention Activities[3]

Public education and prevention activities are seen as essential elements of a comprehensive approach to elder abuse. The staff of the Elder Abuse Project sponsored by the American Public Welfare Association and the National Association of State Units on Aging (1986) have suggested that mandated funds for public education should accompany mandatory reporting requirements. **"Social service and aging professionals agree that such programs are vital in promoting a greater understanding and awareness of elder abuse and in influencing the willingness of individuals to seek assistance"** (American Public Welfare Association et al, 1986, pg. 357).

Most U.S. jurisdictions have sponsored public education activities. These have ranged from the development of single pamphlets to comprehensive campaigns that include all forms of media. Evaluations of how effective these efforts are in getting people to seek assistance or report incidents of abuse were not found in the literature.

As stated earlier most Canadian elder abuse programs are primarily focused on education and prevention. The Social Planning and Research Council of B.C. (S.P.A.R.C.) together with the B.C. Old Age Pensioners Organization (O.A.P.O.) produced an elder abuse brochure in December 1989 entitled ***Elder Abuse and Neglect - A Guide to Intervention.*** This booklet is aimed at professionals who may encounter elder abuse. It covers the various categories of abuse, indicators, intervention strategies and suggests reasons why elder abuse occurs.

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[3]. Examples of Ontario Initiatives are presented in sections 3 and 4 and in the appendix.

Funding for the booklet came from the Seniors Independence Program (S.I.P.), Health and Welfare Canada. The Council plans to use the material as a catalyst to increase public and professional awareness of elder abuse in British Columbia.

S.P.A.R.C. has also organized workshops in five regions to bring together professionals working with seniors. The goal of the workshops is to educate leaders in local communities to organize elder abuse committees in their own communities.

The Alberta Family and Social Services Ministry, Office for the Prevention of Family Violence produced a booklet on elder abuse in 1989. In 1986, the Provincial Senior Citizens' Advisory Council made a number of recommendations to the Government of Alberta on elder abuse. In response the Senior Citizens' Secretariat brought together an ad hoc committee which produced a booklet entitled ***Elder Abuse and Neglect*** which includes definitions of elder abuse, possible causes, how to identify the problem, methods of intervention and community resources.

The Manitoba Society of Seniors (M.S.O.S.) has published a booklet entitled ***The Hidden Scourge***. M.S.O.S. is a non-profit organization run by seniors for seniors. Its principal role is advocacy. M.S.O.S. is concerned about elder abuse and is attempting to raise consciousness about the issue through public speaking, publishing its elder abuse booklet and associated articles.

The P.E.I. Association of Social Workers received funding from S.I.P. to develop public education materials on elder abuse. The project ***Learning Today for a Better Tomorrow*** which will develop booklets and a video is expected to be completed in April, 1991.
In addition to public education efforts the provincial governments of Manitoba and Quebec have sponsored discussion papers to encourage public input into the development of policy options for elder abuse.

In 1989 the Manitoba Government held 23 public hearings to obtain public reaction to the recommendations of a government sponsored elder abuse task force. The policy recommendations were:

1. **Identifying physical abuse when it occurs** - The Seven Oaks Hospital in Winnipeg operated a pilot program in which all cases of older people coming to the hospital with suspicious injuries were identified and followed up by social work staff. It is recommended that this program be extended to all hospitals in Manitoba.

   Registry of Abused Persons: Studies by the Provincial Gerontologists and the Seniors' Directorate, as well as community consultations, including the report of the Manitoba Women's Initiative, have all called for the establishment of a Central Registry of abused elders.

2. **Providing options and protection against financial abuse**

3. **An enhanced ability to intervene:** Positions will be added to the Family Disputes Unit of the Department of Family Services to ensure there are sufficient professionals trained to respond to cases of elder abuse.

4. **Effective support for the caregiver**

5. **Counselling to help avert tragedy:** Age and Opportunity Bureau will be given funding to develop a plan for counselling services for victims and perpetrators.

6. **Community role - combatting the isolation and invisibility:** Increasing community awareness that elder abuse is a crime.

The report, *To Grow Old in Complete Freedom*, by the Quebec Ministry of Social Affairs recommends a centralized government organization to be responsible for elder abuse. The report recommends:

- **multidisciplinary team:** at the local level, an intervention team must be set up and trained whose expertise is focused primarily on elder abuse;

- **referral to appropriate services:** service providers must be made aware of all the resources able to respond to an abused elder;

- **hotline:** each region should have a 24-hour hot line for abused elderly, relatives and caregivers so that they may obtain information and assistance rapidly;

- **temporary shelters:** located in various establishments according to the extent of the problem in the region; these places should be reserved for victims of elder abuse;

- **supports to seniors at home:** community workers should collaborate with police services to reduce the victimization of seniors;

- **support for caregivers:** service should be established to relieve caregivers, whose exhaustion is one of the main risk factors in abuse;

- **training:** there should be on-the-job training programs for staff members that keep pace with innovations in caring for the aged, preventing and dealing with abuse, detecting sources of abuse and offering resources; and

- **research:** in order to understand the problem of elder abuse it must be studied in the broader context of aging; expertise in this field must continue to be developed.

As stated earlier, Canadian jurisdictions are still in the early stages of developing responses to elder abuse. The wide variety of activities reported in this chapter suggests that elder abuse is receiving growing attention in both public and policy arenas.

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APPENDIX A

Advisory Committee

APPENDIX A

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APPENDIX B

List of Reviewers

APPENDIX B

LIST OF REVIEWERS

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APPENDIX C

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APPENDIX C

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Dept. of Justice: Jill Wright, Justice Resource Service 902-368-4583

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APPENDIX D

Organizations with

Elder Abuse Protocols

APPENDIX D

ORGANIZATIONS WITH ELDER ABUSE PROTOCOLS

Elder Abuse Policy/Protocol:

Cambridge Memorial Hospital: Cambridge, Elder Abuse: "A Protocol for Identification and Management"

Centenary Hospital: Scarborough, "Elder Abuse Policy"

Community Occupational Therapy Associates: Toronto, "Policy Procedure For Elder Abuse"

Eastern Ontario Health Unit: Cornwall office, "Protocol for Suspected Elder Abuse"

Grey Bruce Community Mental Health Counselling: Markdale, "Procedures Manual: Intervention and Assessment Protocols"

Great War Memorial Hospital of Perth District: Perth, "Emergency Room Protocol for Elder Abuse"

Hotel Dieu Hospital: Kingston, "Elder Abuse Philosophy, Goals, Objectives"

Marshall Gowland Manor, Home for the Aged: Sarnia, "Policy and Procedure

Meals on Wheels: Peterborough, "Guide For Assessment Committee" (Policy for reporting problems)

Metropolitan General Hospital: Windsor, "Patient Abuse Policy"

Northern Ontario Community Support Services: North Bay, "Elder Abuse--Guidelines for Professional Assessment and Reporting"

(A field manual for direct service delivery staff is currently being produced, based on the Elder Abuse Task Force of Santa Clara County, California paper, and being amended to suit the needs of this local community)

Northwestern Regional Centre: Thunder Bay, "Procedure For The Investigation of Resident Abuse and Suspected Resident Abuse"

Queensway Carleton Hospital: Nepean, "Emergency Unit Manual (Procedure)"

Task Force on Family Violence: Northumberland County, "Elder Abuse Protocol: Procedures For a Co-ordinated Response to Elderly Abuse in Northumberland County"

Victorian Order of Nurses: "Canada Health Care Manual" (Policy applies to all V.O.N. offices)

Elder Abuse Committees/Task Force Terms of Reference:

Haldimand-Norfolk Home Care Program: Simcoe, "Elder Abuse Review Team" (Team acts as a resource to the Home Care Program in actual or suspected abuse cases)

Hamilton-Wentworth Dept. of Public Health Services: Public Health Nursing, Seniors Program, "Elder Abuse Committee Terms of Reference"

Leeds, Grenville and Lanark District Health Unit: Brockville, "Elder Abuse Advisory Committee-Terms of Reference"

Elder Abuse Assessment Instruments:

Humbervale Day Centre: Weston, "Elder Abuse Assessment Instrument" (Used on an informal basis for assessing suspected cases of elder abuse)

Regional Municipality of York, Seniors Support Services: Newmarket, "Staircase Model: A Tool for Assessment and Case Management Planning With Elder Abuse Victims" (Developed by Risa Breckman, Director Elder Abuse Project, Victim Services Agency, 1983)

York Finch General Hospital: Toronto, "Elder Abuse Assessment Form"

APPENDIX E

Inventory of Selected Elder Abuse Initiatives

APPENDIX E

Inventory of Selected Elder Abuse Initiatives

Special Initiatives in Ontario

Some of the organizations in Ontario that are providing specific responses to the elder abuse issue are outlined below.

Advocacy Centre For the Elderly (ACE)

This Toronto clinic is the first of its kind in Canada. It is a specialized legal aid clinic for low-income seniors over 60 years of age. Some of the centre's activities include:

- meeting with victims of abuse to advise them of their rights and inform them about community services, housing and any other considerations they may require;

- creating a training manual for the Ontario Police College. This manual provides information about various forms of elder abuse and their associated legal classifications. Profiles of victims and abusers are included, as well as applicable legislation outside of the Criminal Code (e.g., Power of Attorney Act and the Health Promotion and Protection Act); and

- educating other legal aid clinics in Ontario about the services they can provide to elderly persons.

Abuse of the Elderly Awareness Project

Toronto's Bernard Betel Centre for Creative Living is a community centre for seniors. In March 1988, the AEAP received New Horizons program funds from Health and Welfare

Canada to employ a committee coordinator. The committee consists of more than 25 senior volunteers who are committed to increasing awareness of elder abuse. The aim of this committee is to collect research and study the elder abuse issue, and organize lectures and public speaking engagements in high schools, community colleges, church groups, synagogues and other seniors' groups.

Committee on Abuse and Neglect of the Elderly (C.A.N.E.)

This committee began in London, Ontario in 1985 and consists of 12 to 14 professionals and lay persons who are concerned about elder abuse. They provide consultation and support to professionals and agencies concerned about the safety and well-being of elderly persons.

The committee discusses cases confidentially and develops a statement and/or recommendations to the professional agency or organization working with the victim.

The committee has developed a kit entitled, *Elder Abuse--It's Time We Do Something About It*, which is available for a small charge from the committee.

Grey Bruce Elder Abuse Committee

This committee located in Owen Sound began in 1985 with the goals of educating professionals, the community and frontline staff working with seniors. The committee has provided information and referral, case conferencing and coordination for some elder abuse cases, as well as providing an advocacy function. The committee is planning to reorganize into a Family System Approach with a large committee focusing on the needs of abused women, children and the elderly. The **family systems approach** to elder abuse is a unique way of addressing the issue.

Elder Abuse Action Committee of Metro Toronto

The purpose of this committee is to provide a coordinated response to the needs of abused and neglected elderly persons in Metropolitan Toronto. The main objectives of the committee include the following:

- public education and awareness;
- research and information;
- service planning (to provide a supportive network to those providing services to abused elderly people); and
- policy and legislation.

The Toronto Mayor's Committee on Aging

This committee advises Toronto city council on issues affecting seniors. and publishes information for the public. The committee operates through a number of subcommittees comprised of staff and volunteers. The Crimes and Abuse Subcommittee has been working on the issue of elder abuse since 1984. It has sponsored workshops and conferences and has produced a pamphlet "Home is Where the Hurt Is," which is available in five languages.

Leeds, Grenville and Lanark District Health Unit sponsored an elder abuse project. A nurse from the unit was designated to work within the community doing public education on the elder abuse issue.

VON and Public Health Units have developed provincial policy and procedures for staff dealing with cases of elder abuse.

Council on Aging in Ottawa was mandated in 1986 to heighten public and professional awareness of the needs of the elderly and the gaps in the services available. The Council

was responsible for a bilingual project to develop educational models with three target groups: seniors, professionals, and the community and family.

The objectives of the models include:

- creating awareness of the problem of elder abuse;
- developing the content and tools for presentation of this information;
- collecting and disseminating research material; and
- motivating the community to contribute in the development of mechanisms to deal with elder abuse.

APPENDIX F

Organizations Indicating Involvement in an Elder Abuse Committee/Task Force

APPENDIX F

ORGANIZATIONS INDICATING INVOLVEMENT IN AN ELDER ABUSE COMMITTEE/TASK FORCE

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